

## ADMINISTRATIVE OFFICE OF THE COURT

13<sup>th</sup> Judicial Circuit 800 Twiggs St., Rm. 605 Tampa, FL 33602

| RE: | DOB: | SSN: |
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## PARTICIPATION AGREEMENT

I voluntarily agree to participate in a mental health and substance abuse assessment by the mental Sr. Court Program Specialist for the 13<sup>th</sup> Judicial Circuit. The purpose of this assessment is to evaluate my need for mental health and substance abuse services in order to assist with my compliance of probationary or pre-trial intervention conditions that may be imposed by the court.

I understand the court specialist, with the agreement of my defense counsel, may recommend mental health treatment, substance abuse treatment, housing placement and other supportive services to the court.

I understand the court specialist may assist with referrals to mental health and substance abuse providers and, if applicable, may assist with my transition from jail to the community.

I understand that I will be asked to authorize the exchange of confidential information with mental health and substance abuse providers so the court specialist can carry out the above functions.

I understand that all mental health and substance abuse reports will be maintained *under court seal* and are not to be provided or available for inspection to any non-party without a court order or signed consent. Copies of all mental health or substance abuse reports may be provided to the state and the defense. The exchange of information is limited to the assessment and recommendation of mental health and substance abuse services and the compliance of the conditions imposed by the court and not to any other confidential information.

Furthermore, I hereby release the Administrative Office of the Courts 13<sup>th</sup> Judicial Circuit and its agents from any liability arising as a result of any assessments or recommendations made to the court. I understand that at any time I may refuse to participate with the services described above, except to the extent that action has been taken in reliance on it. I understand that when under court order, released or obtained confidential information may be re-disclosed in open court per conversation between the court specialist, Judge, treatment provider(s) and attorneys. This agreement shall expire one year after terminus of the case.

| Signature of Client: | Date: |
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